STATE OF MARYLAND—	CERTIFICATE OF DEATH 9953
1. PLACE OF DEATH	- 820) , GA .
County Herford Car	Registration Dist. No. (82)
Village or City Bellin Med	NoSt., Ward
CA -	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
(a) Residence: No. Bellan Med (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (price tha word)	21. DATE OF DEATH  Sept (Gay) (Year)
5a. If marriad, widowad, prdivorced HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That I attended daceesed from
6. DATE OF BIRTH (month, day, and year) 0 17-185-2  7. AGE Years Months Days If LESS than	I last saw ker alive on Sept 6-35 , 19 ; death is said to have occurred on the data stated above, at I P: M
82 10 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	ARTERIO SCLEROSIS
SAW MILL, BANK, etc	
10. Data daceased last worked at this occupation (month end year) occupation (month end year)	
12. BIRTHPLACE (city or town) Mountain H  (State or country) If for the man	Other Contributory Causes of importance:
13. NAME John H. Dierker	
14. BIRTHPLACE (city or town)	Name of oparation Date of
(State of country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stata or country)  16. MAIDEN NAME  17. MAIDEN NAME  18. MAIDEN NAME  18. MAIDEN NAME  19. Margaret  19. Ma	23. If daath was due to axtarnal ceuses (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL John Seft 8, 19.3.	Manner of injury
19. UNDERTAKER Dean V Forter (Addrass) Bilan mid	Nature of injury 24. Was disaase or injury in any way raleted to occupation of deceased?
20. FILED Sept 7, 19 35 V. E. Chambers	(Signad Survell of Suppringrom M. D

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset	The principal cause of death and related causes	
1915	of importance were as follows:	Date of onset  1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
	Tuly 5,1927	1921 Run over by street car Fuly 5,1927 Peritonitis  Other contributory causes of importance:

B. WRITE PL.

1. PLACE OF DEATH	(75)
County Harford	Registration Dist. No. 185
	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs mos. ds.
2. FULL NAME Olbert Broy atu (a) Residence: No. 15/2 Poplar grach Bo (Usual playe of vbode)	All St., Ward. Baltimore Md.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If marriad, widowed, or divorced	21. DATE OF DEATH  September 17, (Day) (Year)
HUSBAND of Pauline atirell	22. I HEREBY CERTIFY. That I attended deceased from, 19, to
6. DATE OF BIRTH (month, day, and year) Oct. 24-/898,  7. AGE Years Months Days If LESS than 1 day, hrs. or min.  8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	I last saw haliva on, 19; daath is seid to have occurred on the data stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Died of strangulation
kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc.  9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) (Stata or country)	Other Contributory Causes of importance:
13. NAME Joseph H. atinell  14. BIRTHPLACE (city or lown) Bafto	Name of operation
(State of country)	What tast confirmed diagnosis? Was there an autopsy? 712
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Place  15. MAIDEN NAME  8 Clau  Button  Bu	23. If death was dua to external causes (VIOLENCE) fill in also tha following:  Accidant, suicide, or homicide? Homicid Date of injury Septim 5  Where did injury occur? Havre de Grace, Harf. C. M.  (Specify city or town, county and State)  Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Public Place  Manner of injury Strangulation  Natura of injury
19. UNDERTAKER of lynne, not.  20. FILED Legal 21., 19 25 Charles J. Falsy not Registrar.	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Address)  (Address)  (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must sta	To	be	complete.	an	occupation	return	must	state
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9.—The industry or business in which the work was done.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Attack of epilepsu Arterioselerosis 1915 1 week ago Chronie interstitial nephritis 1921 Run over by street ear 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 wear

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE F	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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	County Warfa	ed	Registration Dist. No.	55
	Village or City Nature	, de Grace	No. Haspital St.	
	Length of residence in city or town wher	e death occurredyrsP	(If death occurred in a hospitator institution, give its NAME instead of street a losds. How long in U.S. If of foreign birth?yrs	
1	2. FULL NAME Vis	ofa Baldwin		
	(a) Residence: No.	budeen	St., Ward.	
-	DEBCONAL AND CTATIC	(Usual place of abode)	If nonresident give city or town	-
1	PERSONAL AND STATIS  4. COLOR OF RACE	5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH	4
5	Eusle white	OR DIVORCED (waite the word)	Leps (Month) (Day)	, 19
5a.	. If married, widowad, or divorced HUSBAND of		22. I HEREBY CERTIFY, That I ettan	ded dece
-	(or) WIFE of	-0	Depr 26 1934, 10 Sept 24	
6.	DATE OF BIRTH (month, dey, and yeer)	Sept 26-3V	I last saw h & alive on Attillion , 19.	; de
6. 7.	AGE Months	Days If LESS than 1 day,hr	to have occurred on the date stated above, atm.	
	sull arm	ormin.	Tha PRINCIPAL CAUSE OF DEATH and ralated causas of Importanca wera as follows:	Di
OCCUPATION	8. Trade, profession, or perticular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	mne	Stellom	
UPAT	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		1	
	SAW MILL, BANK, etc	11. Totel time (yeers)		
	this occupetion (month and year)	spent in this		
12.	BIRTHPLACE (city or town) Have	de Grasos	Othar Contributory Causes of Importance:	
12.	(State or country)	Ma-		
HER	13. NAME /Carpyrou	d Balduru		
FATHER	14. BIRTHPLACE (city of town)	aberdeen	Name of operation Data of	of
-	(Stete or country)	Karyfaud.	What test confirmed diagnosis? Was thera	an autop
HER	15. MAIDEN NAME	Attrang	23. If deeth was due to external couses (VIOL ENCE) fill in also tha follo	wing:
MOTHE	16. BIRTHPLACE (city or town)(State or country)	lacumases	Accidant, suicide, or homicida? Data of Injury	
	(State of Country)	maryana.	Where did Injury occur? (Specify city or town, county and	State)
17.	(Address)	mo Baldwin	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC	PLACE.
10.	BURIAL, CREMATION, OR REMOVAL	avain m	Manner of injury	
2	Place Trove Cemetery	Date Sly 27 , 19 3		
19.	UNDERTAKER Semy Ja	erring Stons	24. Wes disease or injury in any way reletad to occupation of deceesed?	
-	(Address)	gracen ma	If so, specify	IN
	1 10/160/	. 11	(Signed) Thur much	

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I		Example II	
The principal cause of importance were	of death and related causes is follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	OCT 5 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial new	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
Othor contributors				
Gallstones	auses of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

S) M)	. Every item of infor-	ICIANS should state	itement of OCCUPA-	
•	r RECORD	Y. PHYS	Exact st	
FOR BINDING	IS A PERMANEN	stated EXACTL	properly classified.	ertificate.
MARGIN RESERVED FOR BINDING	BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
f. No. 1	B.—WRITE PLAINLY, WI	mation should be carefull	CAUSE OF DEATH in p	TION is very important.

STATE OF	MARYLAN	ND-	CERTIFICATE OF DEATH
			207
			Registration Dist. No. 181
			NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Stillbo			
(a) Residence: No.			St., Ward.
	(Usual place of abode)		If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTICULAR	S	MEDICAL CERTIFICATE OF DEATH
Unknown White	OR DIVORCED (write the		21. DATE OF DEATH  Sept. 15, 1935  (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	pt. 15, 19	35	last saw h alive on 19 : death is said
7. AGE Years Months	Days If LES	SS than	to have occurred on the date stated above, at6 _ A m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupation (month and spent in this securation (month and spent in this spent in this securation (month and spent in this spe			STILLBIRTH Date of onset
SAW MILL, BANK, etc	11 Total time (years)		
12. BIRTHPLACE (city or town) (State or country)		Other Contributory Causes of Importance:	
13. NAME Aubrey Bar	rker		
13. NAME Audrey Bar 14. BIRTHPLACE (city or town)		Neme of operation Date of Was there an autopsy?	
			23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME Maggle Blevins 16. BIRTHPLACE (city or town) (State or country) N. C.			Accident, suicide, or homicide?
17. INFORMANT(Address)			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL			Manner of injury
Plece	Date	., 19	Neture of injury
19. UNDERTAKER (Address)			24. Wes disease or injury in any way related to occupation of deceased?

If more blanks are needed, padress State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address) .....

(Signed)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
192K	Run over by street car	1 week ago
Juy5,1927	Peritonitis	3 days ago
7/	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	,	
	19216 19216 195,1927	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  Run over by street car  Peritonitis  Other contributory causes of importance:

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	AIN	d be	DEA	y im
	PL PL	luods	OF	ver
	RITI	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	NO is
70.1	M	mai	CA	TIC
V. S. No. 1	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-		(-	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 9957
1. PLACE OF DEATH /	(H2)
County Harford	Registration Dist. No. 180
Village or City A Fallston	NoSt.,Ward
1/4	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foraign birth?yrsmosds.
2. FULL NAME Walten Edwin Boone	If U.S. Veteran specify WAR.
7-11-7-1	St. Ward.
(a) Residence: No. Jallaum (Usuai place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Sept 23- 193.5 (Month) (Dey) (Yaar)
5a. If married, widowad, or diverced HUSBAND of (or) WHEE of Thoda Boone,	22. I HEREBY CERTIFY, That I oftended docessed from To deceased Sept 43 - 1935 and Lounds him
6. DATE OF BIRTH (month, day, and year) 700. 21. 1873	de ab - Examination of the booky show
7. AGE Yaars Months Days If LESS than	to have occurred on the date stetad above, at
6/ 10 2 1day,hrs.	The PRINCIPAL CADE OF DEATH and related causes of importance were as follows:
8. Trada, profassion, or particular kind of work done, as SPINNER, Retired Policeman	quashot wound in upper
kind of work done, as SPINNER, Ketusal Voluceman  SAWYER, BOOKKEEPER, etc.  SAWYER, BOOKKEEPER, etc.  SAWYER, BOOKKEEPER, etc.  SAWYER, BOOKKEEPER, etc.  10. Lote deceesed last worked et	abdomen-death resulting
work wes done, as SILK MILL, SAW MILL, BANK, etc.	occurred at 8.25 A.M.
11. Total tima (years) this compation (month and	
year) Sept 25 1924 occupation / 6 //	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) arroll County	
(State or country) Marylana.	
14. BIRTHPLACE (city or town) Trederick County	None
Z 14. BIRTHPLACE (city or town) (Catalogue Country)	Nama of operation
	What test confirmed diagnosis? Was there are autopsy? \( \textit{YO} \)
15. MAIDEN NAME anna Jugnbull  16. BIRTHPLACE (city or town) Jennessee  (State or country)	Accidant, sulcida, or homicida Susciale Date of in Sept 23, 1935
State or country)	Whare did injury occur? at his home, tallston Ma
17. INFORMANT Mrs Rhoda Boone	(Specify city or town, county and State) Spacify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass)	Home-
Plece Triends Ceruety Date Sept 25, 1935	Mannar of injury Turant Wourd, upper Nature of injury abdomen -
19. UNDERTAKER WH archer	24. Was disease or injury in any way related to occupation of deceesad?
(Address) Benson. Md	If so, specify
20. FILED Sept 24, 1935 U.E. Chambers	(Signad) Little Dank July M. D.
Registrar.	(Address) JRP CLM , MOL

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Example I	morg	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstilial nephritis OCI 4 1985	1921	Run over by street car	1 week ago		
Cerebral hemorrhage BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago		
Other contributory causes of importance:	3	Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

	MAKGIN	KENER	VED	FOR	MARGIN RESERVED FOR BINDING	
ITH	UNFADIL	NG INK-	THIS	IS A	ITH UNFADING INK-THIS IS A PERMANENT R	*

1.	PLACE OF DEATH				CERTIFICATE (	. 52/////	9958
	County Man	losof				Registration Dist. No.	6/
	Village or City	hure	houlle		No	St.	,War
	Length of residence in city	or town where de	eth occurred_3		death occurred in a hospital or institutionds. How long in U.S. if of		and number)
2	FULL NAME	athe	rine L	3 miggs	nan		
	(a) Residence: No.	Belli	i Moza	, , , ,	St., Ward.	d =	
	PERSONAL AND	STATISTIC	(Usualplace of		MEDICAL CE	If nonresident give city or town	
3. S			S. SINGLE, MARR		21. DATE OF DEATH	pt 2	. 193 5
5e.	If married, widowed, or divorce	d	110	WIN		(Month) (Day)	(Year)
	Con Will of Cin	gnot	Brugg	gman	aug 28	CERTIFY. That I etten	ded deceesed fro
_	ATE OF BIRTH (month, dey, e		an, 20		I lest saw h	12pt 2 ,19	je death is se
7. A	GE Years	Months 7	Deys	If LESS than I day,hrs. ormin.	to heve occurred on the dete stated The PRINCIPAL CAUSE OF DEATH were as follows:		
z	8. Trade, profession, or perticular kind of work done, as SAWYER, BOOKKEEPE	CUIET	RINI	, v	Held as lollows.		Date of one
	SAWYER, BOOKKEEPER 9. Industry or business in w		W/ M	m	9 , 0 ,	Q	
CUPATION	work was done, as SIL i	K MILL.	************		propulsive	Jour	
ဝိ	10. Date deceased last worked this occupation (month year)	d et end		ne (yeers) tin this petion			
12.	BIRTHPLACE (city or town)	Ļ			Other Contributory Causes of import	tance:	
~	(Stete or country)	Her	nang				
FAIHER	13. NAME	rge 1	ranto	ran			
FA	14. BIRTHPLACE (city or town) (State or country)	)	man	M1 /	Name of operation		
2	15. MAIDEN NAME	ele.	In estar	7	What test confirmed diegnosis?		
E	16. BIRTHPLACE (city or town)		C C C C C C C C C C C C C C C C C C C		23. If deeth was due to external couse Accident, suicide, or homicide?		
žΙ	(State or country)	Ver	mani	1	Where did injury occur?		
17. 1	NFORMANT Pres of (Address)	Church	brille.	ggrown	Specify whether injury occurred in	(Specify city or town, county and INDUSTRY, In HOME, or in PUBLIC	State) PLACE.
18. 6	BURIAL, CREMATION, OR REM	OVAL	. Seal	411	Menner of injury		~~~~~~
	Plece franky	77 T	Date -	4 ,1935	Nature of injury		
19. (	UNDERTAKER Menn (Address)	yaki.	rung do	and	24. Wes disease or injury in eny way	y related to occupation of deceased	110
20 1	FILED Sept 4.	35-6	HIM	chow	(Signed)	Henry	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I	1	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DESCIVED!	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	OCT 5 1935	July 5,1927	Peritonitis	3 days ago
9	EUREMU V. S.			
Other contributory	eauses of importance:	A d	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year



of OCCUPA-

1. PLACE OF DEATH	(9:-a)
County Harland Co	Registration Dist. No. / 8 3
Village or tity White Hall had	NoSt.,Ward
11-	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME alicia Buchanan	Total of the state
C	O. WJ
(a) Residence: No. All bule Hull mid (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Terrile Color OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Math) (Day) (Year)
5a. If married, widowed, or divorced	
(or) WIFE of Abtham Duchanan	22. I HEREBY CERTIFY That attended deceased from
6. DATE OF BIRTH (month, day, and year) Och. 31.1862	I last saw hea elive on Seat . 6 1, 19 35; death is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, e
72 10 6 1 day,,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	I through for from the ?
SAWYER, BOOKKEEPER, etc.	of a gage anterior sclerosto
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and	Lungrage mentioner of 38
10. Date deceased last worked et this occupation (month and 1931 spant in this 36 occupation 36	the construction
year) occupation 3.2	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Harford	
(State or country)	
III IS. WAITE	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	Whet test confirmed diegnosis? Was there an autopsy?  23. If death was due to external ceuses (VIDLENCE) fill in also the following:
15. MAIDEN NAME Julia Berry  16. BIRTHPLACE (city or town) Harful Co	Accident, suicide, or homicide? Date of injury 19
E (State or country)	Where did injury occur?
17, INFORMANT Reclience Buchaman	(Specify city or town, county and Stale) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Vine Seem Date 2/4/10 , 1935	Nature of injury
19. UNDERTAKER P. Mendelens Lan	24. Was disease or injury in any way related to occupation of deceased?
(Address) While Itall, Ind	If so, specify
20. FILED Sept 10, 1935 Thomas P Brown	(Signed) 197 M. D. (Address) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I in control of the state of		Example II	Man all
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		Commence of the second	

SIAIL	OF MAKILAND	-CERTIFICATE OF DEATH 3300			
1. PLACE OF DEATH	/	2000			
County Oanfor	id , I,	Registration Dist. No. 185			
Village or City 076	avre de Tra				
	2 . 4	(If death occurred in a hospital or institution, give its NAME instead of street and number)			
Length of residence In city or town who	ere death occurred yrs e	mos. / 2 ds. How long in U.S. If of foreign birth?mosds.			
2. FULL NAME UC	un O. Can				
(a) Residence: No. $423$		refor St., - Ward.			
	(Usual place of abode)	If nonresident give city or town and State			
PERSONAL AND STATIS	1	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH Self 23			
male white	Single	(Month) (Day) (Year)			
5e. If merried, widowed, or divorced HUSBAND of		22. I HEREBY CERTIFY. That I attended deceased from			
(or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased from			
6. DATE OF BIRTH (month, day, and yeer)	Jan 11-1932	I lest saw h elive on 19 deeth is said			
7. AGE Years Months	Days If LESS then	to heve occurred on the date stated above, at 4. C.m.			
3 8	1 day,h	and the state of t			
8. Trade, profession, or particular	/2 ormin.	were as follows: A Date of onset			
kind of work done, es SPINNER,		accidentally stonet by antomobile.			
SAWYER, BOOKKEEPER, etc 9. Industry or business in which					
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc					
10. Dete deceesed lest worked at this occupation (month end	11. Totel time (yeers) spent in this	- Strike			
year)	occupetion				
12. BIRTHPLACE (city of town) Have	re de Grace	Other Contributory Causes of Importance:			
	land	- Died, while loing taken to hospitals			
W 13. NAME nowall	C. Law	- State Strike Wang water to have person			
14. BIRTHPLACE (city or town) hv	aberdeen	Name of operation Date of			
(Stete or country) ma	ryland	What test confirmed diegnosis? Wes there en autopsy?			
15. MAIDEN NAME RORE	la Loule	23. If deeth wes due to externel ceuses (VIOL ENCE) fill in elso the following:			
15. MAIDEN NAME RORE  16. BIRTHPLACE (city or town). W.	aberdeen	Accident, suicide, or homicide? — Dete of injury			
(Stete or country)	ryland.				
On	10	Where did injury occur? Haracke Anace . Amount of the County and State)			
II. IN UKWANI	ashington It Hole In	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL	The state of the s	In street, one block from Rospitals			
Plece angel Hell	Date Sept. 26, 19 B	Manner of injury - Orstanoable resendent			
1P.	· - / KM				
19. UNOERTAKER CAMPA	I Enace Ind	24. Wes disease or injury in any wey releted to occupetion of deceesed?			
(Audiess)	o out and	If so, specify the Cross of M tolet Coroner			
20. FILED Apr. 76, 135 67	arlo & Toley n. ~	(Signed) (Signed)			
	Registrar.	(Address) (7 Mary Co. Mary Mary Mary Mary Mary Mary Mary Mary			

If more blanks are needed, didress State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. Vo. 1.

STATE OF MADVIAND\_CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of enset  1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
No. of the	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
F12/5-114		
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921  Run over by street car  Tally 5,1927  Peritonitis  Other contributory causes of importance:

m

9961

47	(2)		11	,
0	Re	gistration Dist	No. 18	/
No Itary	male	Md	Ci	Ward
leath occurred in a hospital	or institution, give	re its NAME ins	tead of street and	number)
ds. How long In	U.S. if of foreig	n birth?	yrsm	osds.
Bauge				
9 St. Ward.				
	Jf	nonresident give	city or town and	State
MEDIC	AL CERTI	FICATE O	F DEATH	
21. DATE OF DE	ATH	1.1-	7 7	_
	Mon	th)	(Day)	, 193 (Yeer)
22	EBYCE			
22. I HER	1953	S Lay	That I attended	deceased from
I last saw harmaliv	. /	W. Z	3.3.3	, 1992
to have occurred on the		1110	, 19.34.	; deeth is seld
The PRINCIPAL CAUSE			Importence	
were as follows:	1000			Date of onset
AIA	Bo m	a y		T.54-14 =
1 wywr J	any			
		······································		
				-
Oth C+-1 C				
Other Contributory Canac	or importance:		1	1000
ZXL	aust	ron		
				-
Name of operation	no	ni	Date of	-
Whet test confirmed diagr	nosis?	V4	. Wes there an	utopsy? 24
23. If death wes due to ext	ernel ceuses (VII	/		
Accident, suicide, or homi		44.4		•
Where did injury occur?_				
Specify whether injury oc	(Specurred in INDUS	CIFY city or town	or in PUBLIC PL	e) ACF
		,		,,,,,
Menner of injury				
Neture of Injury				
24. Was diseese or injury	in env wev relation	ed to occupation	of deceased?	hil
If so, specify		1-		
(Signed)	n W	em	<b>X</b> 2	

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Example I V		Example II	
The principal cause of death and related causes of importance were as follows 7 5 1955	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis BUREAU V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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FOR BINDING

TARGIN RESERVED

N. B.-

1. PLACE OF, DEATH /	820
County Harford	Registration Dist. No. / 8 2
Village or City Fallslore	NDSt., Ward
Length of residence In city of town where death occurred.	If death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Selliam a h	1 Cases. Veteran specify WAR.
(a) Residence: No	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 14. COLOR OR RACE   5. SINGLE MARRIED, WIDOWED, OR DEFORCED (write the word)	21. DATE OF DEATH 197 1935
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary 9. Pivors	22. I HEREBY CERTIFY, That I attended decessed from Sept. 19. 1935, to Sept. 19. 1935
6. DATE OF BIRTH (month, day, end year) Mede 61 1839	I lest sew heine elive on Sept. 1925 , 1935; deeth is said
7. AGE Years Months Days If LES 9 then	to heve occurred on the dete stated above, et
13 loey,hrs	were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER SAWYER, BOOKKEPER, etc.	Cerebral hemorhage Sept. 11
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.  Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Dete deceased lest worked et this occupation (month and	
10. Dete deceased lest worked et this occupetion (month and spant in this occupetion	
12. BIRTHPLACE (city or town)	Other Coutributory Causes of Importance:
(State or country) / Alford; Co. Md.	
II 13. NAME CHILLES DEVICES	
13. NAME (JULIA) 14. BIRTHPLACE (city or town) Hartoral Co. Wal-	Name of operation None Date of What test confirmed diagnosis? None Westhere en autopsy? No
15. MAIDEN NAME MANE / Goves.	23. If death wes due to external causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?
17. INFORMANT HAS STATE OF MENTERS OF MENTER	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Fallston, Me.	
18. BURIAL, CREMATION, OR REMOVAL Place Mundshuf Delegation 22,1933	Menner of injury  Nature of injury
19. UNDERTAKER Jarushleger & Gos	24. Wes disease or injury in eny wey related to occupation of deceased?
(Address) Benshir M.d.	If so, specify 7 7 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
20. FILED Lift 20, 1935h & Cuchandon Resistrar.	(Signed) A. T. Deff M. D.  (Address) 13.89 Cest Med

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: EIVED	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ich 122. 10 If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

Registrar.

(Year)

Date of onset

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "storc," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy S 'A NV3408 Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS	BY PHYSICIAN

ē	CL	tem	1
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT INCORD. E.	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICI.	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statem	/
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4	sh	0	TION is very important. See instructions on back of certificate.
SI.	ion	S	Z
W	nat	AI	CIO
	-	7	7

STATE OF MARYLAND—	CERTIFICATE OF DEATH 3954
A. PLACE OF DEATH	(31)
/ county /tarford Co,	Registration Dist. No. 182
Village or City Fallston, Ind	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME agnes Johns Eltonhead	, JissIIIVs
(a) Residence: No. Fallston md	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH S
Fellmane White Willow  5a. If married, widowed, or divorced	(Monty) (Day) (Year)
HUSBAND of (or) WIFE of Jupan Y Sal	22. N I HEREBY CERTIFY, That I attended deceased from
W. J. Utonhead	1935 to Sept 11 , 19 35
6. DATE OF BIRTH (month, day, and year) March 14-1849	I last sawh alive on 19.35; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 3m.
88   V   78   ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Chial Land
9. Industry or business in which	to bring.
work was done, as SILK MILL, SAW MILL, BANK, etc.	
O 10. Date deceased last worked at this occupation (month and year) spent in this occupation.	
	Other Contributory Capses of importance:
12. BIRTHPLACE (city or town) Tamulama (State or country)	gut wifulle
13. NAME Goward I Johns	
13. NAME Gavard I Johns  14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Jane R Spices	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs Carlele Wordall (Address) Falls ton Md.	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Abing don Come Date Sept 14 19 35	Manner of injury
	Nature of injury
19. UNDERTAKER Howard K. McComas, (Address) Abingdon, Md.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Sopt, 13, 1935 - Visginia & Chambers	If so, specify (Signed) Chartham, M. D.
Registrar.	(Address) Lewy well me

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week age
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	(hos)
County Dayford	Registration Dist. No. 18-5
	Mord  St., Ward  f death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
120 010	vin
( 5(11 D D +	
(a) Residence: No. / 06 + Nevoculton	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR Off RACE 5. SINGLE MARRIED WIDOWED.	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (write the word)	21. DATE OF DEATH
gemale / title midou	(Month) (Day) (Year)
5a. If merried, widowad, or divorced HUSBAND of	
(Or) WIFE of martin Flavin 1847	22.   HEREBY CERTIFY, Thet I attended deceased from
	1939, to / 12, 1935
6. DATE OF BIRTH (month, day, and year) June 5 - 1847	Tast saw h. alive on 2, 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et
88 3 6 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8. Trade, profession, or particular	Date of one et
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	Muchalu
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	10/10/10 Matic
10. Date deceased last worked at this occupetion (month and spent in this	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
this occupation month and 5-1/33 spant in this occupation	fyracus of a sour,
12. BIRTHPLACE (OHY OF TOWR). Ireland	Other Coatributory Causes of Importance: Duration: four days
(State or country)	
13. NAME John relah	asarac / arme
13. NAME form felch 14. BIRTHPLACE (city or town)	Dente my scardita i two days . w. g.
4 14. BIRTHPLACE (city or town).	Nama of operation Date of
(Stete of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Mary Randres  16. BIRTHPLACE (city or town)	23. If death was due to axternal causas (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury19
(State or country)	Whara did injury occur?
Cotherine Flans	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) Save de pace	Openity mission injury occurred in Thousent, in nome, of in Public PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Mt Ein Date Dekt 16 1935	
B + //\	Nature of injury
19. UNDERTAKER Person of the P	24. Wes disease or Injury in eny way related to occupation of daceased?
(Address) Have de House ma	If so, specify
20, FILED Sept. 14. 1935 Charles & Cally m.D.	(Signed) Scenter Jolian, D
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Dete of onset	The principal cause of death and related causes	Date of onset
1915	of importance were as follows:  Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:	1 year
	1921	1921 Run over by street car ruly 5,1927 Peritonitis  Other contributory causes of importance:

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	9966
County Aarford	Registration Dist. No. 185
Village or City Havrde Space	No. 2 Laspetal St. Ward
Length of residence in city of town where death occurred 55 yrs. 4 mos	death occurred in a horpigal or institution, give its NAME instead of street and number)
a File Manager of the William William Countries Strain Co	4
2. FULL NAMES assure 10 vgg. 1	baros
(a) Residence: No. 315 allanck. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Male White Widowed	(Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of	
HUSBAND of Gord WIFE of Henerelton Fourd	22. HEREBY CERTIFY, That I attended decessed from
6. DATE OF BIRTH (month, day, and year) May 7. 1880.	, 10
7. XGE Yaars Months Deys If LESS then	to have occurred on the data stated abova, et
55 4 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Or Trade and the second of the	were as follows:
SAWYER, BOOKKEEPER, atc	O leman hours of the
9. Industry or business in which work wes dona, as SILK MILL.	the state of the s
work wes dona, as SILK MILL, SAW MILL, BANK, etc	telefal homorrhages
10. Data deceased last worked et this occupation (month and 1932)  11. Total time (years) spent in this 35 420 occupation	Chrose diffuse neploites coras
13.17.	Other Coutributory Causes of Importanca:
12. BIRTHPLACE (city or town) Allumore (Stata or country)	
W 13. NAME THOU P. FOR	
E 1t h	
14. BIRTHPLACE (city or town)   Dallo, Co (Stata or country)	Name of operation Date of
H 15. MAIDEN NAME	What tast confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Selie amie Maght 16. BIRTHPLACE (city or town)  (State or country)	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
[5] 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicida?
Mr. Then R Frank	(Specify city or town county and State)
(Address) Harred George and	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL YOU PAGE.	Mannar of injury
Place realne M. V. Date Defot 18, 1933	Nature of Injury
19. UNDERTAKER Tr. Madison Mutchell	24. Was disaase or injury in any way related to occupation of dacaasou?
(Addrass) Havre de Grace Md.	If so, spacify
20, FILED Sept. 18 1935 Clarles Q Faley m. D	(Signad) M. D.
Registrar.	(Addrass) - J. J. J. S.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	-	Example II	
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Arteriosclerosis 5 1905	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 001	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SE	PACE	FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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FOR BINDING

MARGIN RESERVED

should state

RB. Every item of infor-

County Har Lard.	<u> </u>
County Narfard	Registration Dist. No. 17.5
Village or City Hafure de Brace	No. / Vacbetal St., War
	(If death occurred in a hospital of institution, give its NAME instead of street and number) osds. How longin U.S. if of foreign birth?yrs,mosd
2. FULL NAME Harry Hause	
Zi i ole italie	J St., Myard.
(a) Residence: No. Walle (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR, DIVORCED (write the word)  Whale  Whate  S. SINGLE, MARRIED, WIDOWED, OR, DIVORCED (write the word)	21. DATE OF DEATH September 14 193 (Year)
5a. If married, widowed, or divorced	(Month) (Day) (Yaar)
HUSBAND OF Emma Jane Hause	22. I HEREBY CERTIFY, That I attended deceased from Supply 14, 1930
6. DATE OF BIRTH (month, day, and year) Cury. 15th 1866	I last saw huse aliva on 193 ; death is sa
7. AGE Years Months Days If LESS than 1 day,hrs	to have occurred on the date stated above, at 3:35. m.
69 0 29 ormin.	The PRINCIPAL CAUSE OF DEATH and selated causes of Importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	Carone Myscardites
SAWYER, BOOKKEEPER, etc Janear	0,4,000
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Mul Klarahola
this occupation (month and 1435 spent in this year)	
Laurenster a	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Caucata Garage (State or country)	
13. NAME Exprient Heast	
Ξ /	Nama of operation
X 14. BIRTHPLACE (city or town) - (State or country) Valle aster Pa.	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary White.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town).	Accident, suicide, or homicide? Date of injury 19
S (State or country) Laucaster Co.	Where did injury occur?
m William Il Hamile	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
17. INFORMANT Mrs. filliam A Krause (Address)	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Wesleyan Charle Data Sept. 17 = 1985	Nature of injury
11. 7.	
19. UNDERTAKER Alexand James (Address)	24. Was disease or injury in any way related to occupation of deceased?  If so, specify
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Signed)
20. FILED Stept. 16, 1935 Charles & Jalus The	(Address) To 16 High and 17

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes- of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis 07 5 105	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

LIMITS OF

be carefully supplied.

CAUSE OF DE mation sh B.—WRITE

# STATE OF MARYLAND-CERTIFICATE OF DEATH

3968

1. PLACE OF DEATH	117-20
County Harford	Registration Dist. No. 183
Village or City Hanede Frace	No. St., Ware (Il death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs	mosds. How long In U.S. if of foreign birth?yrsmosds
2. FULL NAME Clarence My /ta	wkin
(a) Residence: No. 500 S. Washington (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word  Male Mate Married	
5a. If married, widowed, or divorced HUSBAND of (ar) WIEE of Bulah Embers	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Unknown 188	7   last saw h   alive on   1932   death is sai
7. AGE Years Months Days If LESS that I dey,	
8 Trade profession or particular	were as follows: Sastric (septic) ulcer, with homorage was
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occuration (month and	Buftana record
10. Date deceased last worked et this occupation (month and year) occupation	Jose franchemantings
12. BIRTHPLACE (sity or town) Darlingty and (Stete or country)	Other Caatributary Causes of importance:
	- Musicaliage V Stuck
13. NAME Waved Hawkin  14. BIRTHPLACE (oily ontown) Harlington (State or country) mary and	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Rawa Hofkins  16. BIRTHPLACE (city or town) Darlington  (State or country)	23. If death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Warlington  (State or country) manyland	Accident, suicide, or homicide?
17. INFORMANT It are macking (Address) It awarde base med	(Specify city or fown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Place angel Hell anter Seft, 19, 193	Manner of injury
19. UNDERTAKER Peurington Don (Address) Have the mace mg	24. Wes disease or injury in eny way related to occupation of deceased?
20. FILED Spd 19, 1935 Charles Palley The Registrar	(Signed) (Address) Lesself Deckery M.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Company of the Compan	,		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
/ En Y	32		
	7		

N. B.-WRITE

V. S. No. 1

OCCUPA-

Jo

STATE OF MARYLAND—	CERTIFICATE OF DEATH 9969
1. PLACE OF DEATH	(210-00)
County Awford	Registration Dist. No. 184
Village or City Warlington	No. St., Ward
Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME //Valcolm (R)	House
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  Male  4. COLOR-OR RACE  5. SINGLE, MARRIED, WIDOWED, ORD DIVORCED (write that word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended daceasad from
6. DATE OF BIRTH (month, day, and year) Seft 281918	I last saw h aliva on, 19; death is said
7. AGE Years Months Days If LESS than I day,	to have occurred on the date stated above, at
	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Laborer SAWYER, BOOKKEPER, etc.	Cas lift your and went
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business In which work wes done, as SILK MILL. SAW MILL, BANK, etc.  10. Data deceased last worked at Selft 11. Total time (years)	Lis shall 9/21/33
10 Data decasad last worked at Sept 11. Total time (years) this occupation (month and Sept 11. Total time (years) spent in this	
this occupation (month and 1935 spent in this occupation coupetion	
12. BIRTHPLACE (city or town) Starford Co. (State or country)	Other Coutributory Causes of Importance:
E CAMPINITIES	
(State or country)	Name of operation
15. MAIDEN NAME Bessie L. & Carlorous	What test confirmed diagnosis? Was there an autopsy? Was there are autopsy? Was there are autopsy?
16. BIRTHPLACE (city or town) Starford Co.,	Accidant, suicide, or homicide of the state of injury 1241 1975
(State or country)	Where did Injury occur? Laslington und.
17. INFORMANT AM: H. House (Address) Darling to	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury Can unesususes
Place De Wilington Com, Date Oy 7 83, 1935	Neture of Injury In action Spull.
19. UNDERTAKER H. S. Boiley	24. Was diseesa or Injury in eny way related to occupation of deceased?
(Address) to arlington md	If so, specify
20. FILED DESTA 19.36 MILE PWY	(Address) Dattern gland Just.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
ATTETUSCIETOSIS	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 7 1950	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
P. P			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF	MARYLAND-	-CERTIFICATE	OF	DEATH
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9970

1. PLACE OF, DEATH		940	-
County Harford	***************************************	Registration Dist. No.	81
Village or City Hebr Perry	ran	No.	Ward
langth of socidence in situ and an in the situ	.91 (1 (If	f death occurred in a hospital or institution, give its NAME instead of street an	d number)
Length of residence in city or town where death occurred	yrsmos	s. 22 ds. How long in U.S. if of foreign birth?yrs	.mosds
2. FULL NAME William	Oliver	Trughes	
(a) Residence: No. erryma (Usual	place of abode)	St., Ward.  If nonresident give city or town as	nd State
PERSONAL AND STATISTICAL PA	RTICULARS	MEDICAL CERTIFICATE OF DEATH	
Mal Yell of OR DIV	MARRIED, WIDOWED, ORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 5
5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of	n Huches	22. 1 HEREBY CERTIFY, That Jattende	(Yaar) ed deceased from
6. DATE OF BIRTH (month, day, and year) Selet	19 1824 3	1 last sawh alive on Jeff	5; daath is sald
7. AGE Yaars Months Days		to have occurred on the data stated above, at	
9/ // 22	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:	
8. Frade, profession, or particular kind of work done, as SPINNER.	- 1		Date of onset
SAWYER, BOOKKEEPER, atc.	rol	Minne Cetoris	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or businass in which work was done, as SILK MILL, Cattle SAW MILL, BANK, etc.  10. Date deceased last worked at this occuration (morth and	Dealer		
11. T this occupation (month and known	otal time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Harfor (State or country)	K Co.	Other Centributery Causes of importance:	
13. NAME Fallis Censos  14. BIRTHPLACE (city or town) Farfo	Hughes		
4 14. BIRTHPLACE (city or town) Farfa	rd 3	Name of operation Date of_	
(State of country)	and	What test confirmed diagnosis? Was there an	
15. MAIDEN NAME Sanna Co	dame	23. If death was due to external causes (VIOLENCE) fill in also tha following	
[ 16. BIRTHPLACE (city or town) Aarts	rd C	Accidant, suicide, or homicide? Date of injury	
(State or country) mary la	na	Whare did injury occur?	
17. INFORMANT / Assles The	ghes	(Specify city or town, county and St. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	are) LACE.
18. BURIAL, CREMATION, OR REMOVAL	1114	Manner of Injury	
Piace Save Cem Date	fet. 15 1935	Nature of injury	
19. UNDERTAKER 1: Madison 1	Mitchell	24. Was disease or injury in any way related to occupation of deceased?	Ko
(nouses) Favil as Grace	ma.	If so, spacify	
20. FILED 1 13 19 5 5 C	ni Clad-	(Signad) Signad Samuellu	M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis OCT 5 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Experience of Annual Conference on Conferenc			
Other contributory causes of importance:	11-11-11	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

ARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II		
	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage   OCT 5 1935		July 5, 1927	Peritonitis	3 days ago	
	RUREAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	822
county Atarford	Registration Dist. No. 182
Village or City Hickory	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME // Rame C, Knig	nt
(a) Residence: No. Same	St., Ward.
(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DAVORCED (write the word)	21. DATE OF DEATH  (Mg/h)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of	22. PIHEREBY CERTIFY That I attended deceased from
(or) WIFE of Amale	Sept-14 1935 to Sept 19 1934
6. DATE OF BIRTH (month, day, and year) 1855	I last saw her alive on Sept 16 1971; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5. A m.
80 Unprove 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Circlinal Heman hogy
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oata deceased last worked at this occupation (month and	
10. Oata deceased last worked at this occupation (month and year) occupation (gen)	
12. BIRTHPLACE (city or town) Starford Co	Other Contributory Causes of importance:
(State or country)	
13. NAME And Tarford Co.	
14. BURTHPLACE (city or town)	Name of operation Date of
(Stata of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME / Payshay Smith	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
17. INFORMANT Polling Finight (Address) West Manager	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAY Place of arlungton and Sight 20, 193	Manner of injury
19. UNDERTAKER St. S. Bailey (Address) Oan Common Common Made	24. Was disease or injury in any way related to occupation of deceased? Ro
20. FILED Sapt 20, 1925 - Virginia Chamber:	(Signed) (Address) h) Gardan Hotel
To many blanks are maded address State Provides	N. Charles Street Baltimore Properties 7) S. No. v.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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of importance were as follows:	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  The principal cause of death and related causes of importance were as follows:
	215 Attack of epilepsy 1 wee
Clarify in the state of the sta	
Chronic interstitial nephrilis 1 11	921 Run over by street car 1 wee
Cerebral hemorrhage July	5,1927 Peritonitis 3 day
OCT 4 1950	
Other contributory causes of importance:	Other contributory causes of importance:
Gallstones	1,1923 Gastroenteritis 1 y

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balumore, Requesting U. S. No. 1.

(Address) \_

STATE OF MARYLAND—CERTIFICATE OF DEATH

(Year)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis OCT 4 1955	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage   BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATI Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) \_\_\_\_ds. How long In U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day) 5a. If married, widowed, or divorcad HUSBAND of ERTIFA That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months If LESS than to have occurred on the date stated above, at 1 day, ....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. Data of onset 8. Trade, profession, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Data deceased last worked at 11. Total time (years) spent in this this occupation (month and occupation \_\_ (Stata or country) FATHER 13. NAME 14. BIRTHPLACE (city or town). (State or country) MOTHER 15. MAIDEN NAME 23. If death was dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_ Date of injury\_\_\_\_\_\_19\_ 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur?\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Nature of Injury

19. UNDERTAKER (Address)

24. Was diseasa or injury in any way related to occupation of deceased

If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	Z
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
44-1-4	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1925 10 R 30 142 P 11 90 W	
	1915 1921 July 5,1927	Example II  Dete of onset The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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# STATE OF MARYLAND—CERTIFICATE OF DEATH

9975

1. PLACE OF DEATH	,		9	
County Harford	<i>A</i>		Registration Dist. No. 180	
Village or City Magn	recurred 1		No. St., Wa f death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?	
2. FULL NAME 1 Vdis		1	nool	
(a) Residence: No.	(Usual place	of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTI			MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARI OR DIVORCED	RIED, WIDOWED,  (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attended deceased fr	
6. DATE OF BIRTH (month, day, and year)	ovenber	1 1933	1   1   1   1   1   1   1   1   1   1	
7. AGE Years Months  1 10	Days 5	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 1925 A m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.			Pertustis 8-3- Bronchopneumonia 9-4-	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		************		
To. Dato deceased last worked at this occupation (month and year)		me (years) t in this pation		
12. BIRTHPLACE (city or town) Edgewood, Md. (State or country)			Other Coutributory Causes of importance:	
置 13. NAME Joeph L. Moore	Э,			
14. BIRTHPLACE (city or town) Magno (State or country)	olia,Md.		Name of operation Date of Was there an autopsy? Manufacture of Date of	
15. MAIDEN NAME Dorthy L.			23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME DOTTHY L.Alms,  16. BIRTHPLACE (city or town) Baltimore, Md.  (State or country)  17. INFORMANT Joeph L. Moore,  (Address) Magnolia, Md.			Accident, suicide, or homicide?, 19	
			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Abingdon, Ceme.	Date Sept	8 ,19 35	Manner of injury	
19. UNDERTAKER Howard K. McC (Address) Abingdon, Mc	omas,		24. Was disease or injury in any way related to occupation of deceased?	
20. FILED Self 7 , 19.35. Fre	d mor	l-k Registrar.	(Signed) Red OHOdous M. (Address) Eduliwood, mel.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attock of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.

should state

STATE O	F MARY	LAND-	CERTIFICATE OF DEATH	9970
1. PLACE OF DEATH			159	
County Harford			Registration Dist. No. 180	
Village or City Clongdo	`		NoSt.,	Ward
Length of residence in city or town where de	ath occurred		f death occurred in a hospital or institution, give its NAME instead of street and n sds. How long in U.S. if of foreign birth?yrsmo	
(a) Residence: No.	)		St., Ward.	
(4) 110014011001 1101	(Usual place o	f obode)	If nonresident give city or town and	State
PERSONAL AND STATISTIC	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
F. W	S. SINGLE, MARR OR DIVORCED	IED, WIDOWED, (write the word)	21. DATE OF DEATH (Month) (Day)	, 1935 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attended of	Jeceasad from
6. DATE OF BIRTH (month, day, and year)	t.1.193	35	Hast saw her alive on felt 1st 1933	: death is sai
7. AGE Yaars Months	Days	If LESS than I day, 11 hrs.	to have occurred on the date stated above, at 11.49 p.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onse
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.			6 1/2 moths premature	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc				
10. Date deceased last worked at this occupation (month and year)		ne (years) tin this pation		
12. BIRTHPLACE (city or town) Aurogo (State or country)	din	nd .	Other Contributory Causes of importance:	
# 13. NAME Bolius Jos	eich Mo	osker		
13. NAME Solus os 14. BIRTHPLACE (city or town) (Stata or country)	timore		Name of operation Data of What test confirmed diagnosis? Was there an at	utoney?
15. MAIDEN NAME Emile,	Vayne		23. If death was due to external causes (VIOLENCE) fill In also tha following:	
15. MAIDEN NAME Emily  16. BIRTHPLACE (city or town)  (State or country)	tuidore		Accident, suicide, or homicida? Date of injury  Where did injury occur?	
17. INFORMANT Mary dt. Bright.  (Address) Edgewood md.  18. BURIAL, CREMATION, OR REMOVAL			(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
			Manner of injury	
Place St Frances	Date Sept	2 ,19.25	Nature of injury	
19. UNDERTAKER Howard (Addrass) Alm g don	melo	es Co	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED Soft 2 , 1935 Fre		lok al Registrar.	(Signad) frad O Hodous  (Address) Edglioted mg	M.
If more bl	lanks are needed, ad	ldress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as greery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	li li	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car 9651 1 100	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		RECEIVED		
		Considerate their manages of supposition of the set of the supposition		
Other contributory causes of importance:	A)	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	9			

ADDITIONAL SPACE FOR I	FURTHER	STATEMENTS	BY	PHYSICIAN
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FOR BINDING

MARGIN RESERVED

V. S. No. 1

or- te A-	STATE OF MARYLAND-	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	(5)-20
	county Hayerd	Registration Dist. No. 185
	Village or City Havede Frace	No. St., Ward
.= 0	, E Q (H	death occurred in a hospital or institution, give its NAME instead of street and number)
INS ent	26 0 20	27_ds. How long In U. S. if of foreign birth?yrsmosds.
D. Every SICIANS	2. FULL NAME 16 WGh 1 Mur	lay
0 0 5	(a) Residence: No.	St., Ward.
PHY S	(Usua place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
Karco PH Exact	3. SEX 4. CQLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
F H	OR DIVORCED (write the word)	Sect. 8 1935.
TT EN	Sa If married widowed or diversed	(Month) (Day) (Year)
BINDIN ERMANI EXACT y classifie	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
ND RM/ X A clas		Lept. 2 ,1935, to Sept. 8 ,1935
BIN EX EX y cl	6. DATE OF BIRTH (month, day, and year) Here 11, 1869	I last saw h in alive on sept. 8 , 1935; death is said
	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3.3 %m.
FOR IS A I stated properliertifica	(65) 65 9 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
0 00 000	Irade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of onset
ED HIS		Carenoma of Prestate Gland
RESERVEL G INK—THI GE should be that it may be ons on back of	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and this occupat	gade Blackfee
SEE INK-sho it n	SAW MILL, BANK, etc. 11. Total time (years)	Caralytic ellers
RES VG IN AGE that i	this occupation (month and 4 year spent in this occupation	0
R. NG AG that that ions	1100000 5/2 9000	Other Contributory Causes of importance:
ARGIN RI NFADING pplied. AGI erms, so tha	12. BIRTHPLACE (city or town) Award and	
FA Fied lied ms, str.	0	Militar
	E Deland	
	14. BIRTHPLACE (city or town)	Name of operation Date of
	C The net	What test confirmed diagnosis? Was there an autopsy?
	T To mind the state of the stat	23. If death was due to external causes (VIOLENCE) fill in also the following:
Ca Ca	16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
INLY, be call EATH import	01 1. 9.	Where did injury occur? (Specify city or town, county and State)
	17. INFORMANT INC. Mary Mun ay (Address) I found do graced	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
A Park	18. BURIAL, CREMATION, OR REMOVAL	Managed in the second
L S	Place Mt Erm Courty Date Sept. 10 19351	Manner of injury
WRIT mation CAUSI	P. +0	Nature of injury.
ma CA	19. UNDERTAKER Serving of on 1/20	24. Was disease or injury in any way related to occupation of deceased?
BB	(unniego)	If so, specify
× z (	20. FILED Sept. 10, 1935 Charles J. Paley Registrar.	(Signed) Agree de Leath Orl
	Acgistar.	transfer and an action and action

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
	1910	Attack of epilepsy  Run over by street car	1 week ago
			1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Length of residence in city of town where death occurred with the politic institution, give its NAME Lintered of street and oumber)  2. FULL NAME  (a) Residence: No.  (busing lace of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OF RACE  ORD MORCED (currier the where)  San If married, widowed, or divorced (currier the where)  San If married, widowed, or divorced (currier the where)  San If married, widowed, or divorced (currier the where)  San If married (currier the where)  San If months, day, and year)  San If the san I day.  AGE  Years  Months  Days  If LESS than I day.  AGE  Years  Months  Days  If LESS than I day.  The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:  Were as follows:  Date deceased last worked at this occupation (month and year)  South Hamber (city or town)  (State or country)  Name  13. NAME  14. BIRTHPLACE (city for town)  (State or country)  Name of operation.  Date of external and on the fell owing:  Name of operation.  Name of operation.  Date of external and understand and understand and understand the san autopay?  Name of operation.  Name of operation.  Name of operation.  Date of what test confirmed diagnosis?  Was there an autopay?  23. If deeth was due to external causes (VIOLENCE) fill in elso the following:	STATE OF MARYLAND-	-CERTIFICATE OF DEATH 9978
Village or City.  Langth of Pesidence in city or 10mg Piere deith occurred 3. yri.  Langth of Pesidence in City or 10mg Piere deith occurred 3. yri.  Langth of Pesidence in City or 10mg Piere deith occurred 3. yri.  Langth of Pesidence in City or 10mg Piere deith occurred 3. yri.  Langth of Pesidence in City or 10mg Piere deith occurred 3. yri.  Langth of Pesidence in City or 10mg Piere deith occurred 3. yri.  Langth of Pesidence in City or 10mg Piere deith occurred 3. yri.  Langth of Pesidence in City or 10mg Act and State City	1. PLACE OF DEATH	94-2
Length of residence in city of town More deigh occurred J. yes	County Halfred	Registration Dist. No. 18 Y
Length of Péridence in city of town there deith occurred years and the companion of the contribution of the companion of the		
2. FULL NAME  (a) Residence: No.  (businates of double)  PERSONAL AND STATISTICAL PARTICULARS  1. S.M.  1. CLOR OF RACE  S. SINCLE MARRIED WINDOWSD.  S. MEDICAL CERTIFICATE OF DEATH  (Month)  1. DATE OF DEATH  (Month)  (Day)  (Cray)  (Cray)  1. DATE OF DEATH  (Month)  (Day)  (Cray)  (Cray)  (Cray)  1. DATE OF BIRTH (month, day, and year)  (Month)  (Day)  (Cray)  (Cray)  (Cray)  2. LHEREBY CERTIFY, Dat, Lattended deceased of month of the characteristic month of the character		
(a) Residence: No.  (Chasiphese of abode)  PERSONAL AND STATISTICAL PARTICULARS  1. COLOR OF AGE.  OR BAYORCE (with the wind)  Sa. IVI married, wildowed, or divorced (or) will of the wind or or) will of the wil	6: 1:11/2 //1/	
PERSONAL AND STATISTICAL PARTICULARS  2.5EX    COLOR OR MACE   S. SINGLE, MARRED, WIDOWED   ORDHORCED (winter the word with the command of the personal and the state of the personal and the personal		
21. DATE OF DEATH    COLOR OF ACK	(Usual place of abode)	If nonresideot give city or town and State
Sa. If married, widowed, or divorced (Day) (Year) (To) WIFE of (Wanth)		
HUSBAND of Cory WIFE of College of Control of College of Cory WIFE of	tends Thile Marrie the (word)	Pelplember 13 1936
AGE Years Months Days If LESS than 1 day,	HUSBAND	22. SELEN CERTIFY, Dat I attended decessed from
AGE Years Months Days If LESS than 1 day,	DATE OF BIRTH (month day and year) While. 1884	Hest sew h Lake and ey my areval death is said
8. Trade, profession, or perticular kind of work done, as SPINNER with of work done as SPINNER with of work with one as SPINNER with of work work as SPINNER with of work work done as SPINNER with of work work with one as SPINNER with of work work with one as SPINNER with of work work work work with one as SPINNER with of work work work work work work work work	7. AGE Years Months Days If LESS than	
8. Trade, profession, or perticular kind of work done, as SPINNER kind of work done, as SPINNER kind of work done, as SILK MILL, SAW MILL, BARK, etc.  10. Date deceased last worked at the spent in this occupation (month and year)  11. Totel time (years) spent in this occupation (work was done, as SILK MILL, SAW MILL, BARK, etc.  10. Date deceased last worked at the spent in this occupation (work was done, as SILK MILL, SAW MILL, BARK, etc.)  11. Aname		mere as follows:
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc.  10. Date deceased last worked at this occupation (month and year)  2. BIRTHPLACE (city or town).  (State or country)  13. NAME  14. BIRTHPLACE (city of town).  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town).  (State or country)  7. INFORMAND Control of Contro	8. Trade, profession, or perticular kind of work done, as SPINNER	1
Other Cootributory Causes of importance:  Other Cootributory Causes of i	SAWYER, BOOKKEEPER, etc.	money montress ] 10
Other Cootributory Causes of importance:  Other Cootributory Causes of i	work was done, as SILK MILL, SAW MILL, BANK, etc.	
Other Coetributory Causes of importance:  Other Coetributory Causes of i	and occupation (month and spont in this	
(State or country)  13. NAME  14. BIRTHPLACE (city of town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMAND  18. BURIAL, CREMATION, OR REMOYAL Place  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. FILED  11. AMME  12. Amment of operation  Name o	year) occupation	Other Cootributory Causes of importance;
13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  (State or country)  (State or country)  What test confirmed diegnosis?  23. If deeth was due to externel causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?  Date of injury  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMMION, OR REMOYAL  Place  Place  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Signed)  (Signed)  M. M		at 1 0 Aplanta
Name of operation	1 1/1/2	municipality 12-12-16
What test confirmed diegnosis? Was there en autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMAN  (Address)  18. BURIAL, CREMPTION, OR REMOVAL (Address)  19. UNDERTAKER  (Address)  What test confirmed diegnosis?  Was there en autopsy?  23. If deeth was due to externel causes (VIOLENCE) fill In elso the following:  Accident, suicide, or homicide?  Date of Injury  Where did injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  Menner of Injury  Nature of injury  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Signed)  (Signed)  M. M	TA PURTUPLE OF CITY OF	Name of exercision 22 2004
23. If deeth was due to externel causes (VIOLENCE) fill In elso the following:  16. BIRTHPLACE (city or town) (State or country)  Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Signed)  UNDERTAKER (Signed)  UNDERTAKER (Signed)  UNDERTAKER (Signed)  UNDERTAKER (Signed)  UNDERTAKER (Signed)	(State or country)	
Accident, suicide, or homicide?  Accident, suicide, or homicide?  Date of Injury.  Nere did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Menner of Injury.  Nature of injury.  Place Injury.  Nature of injury.  Nature of injury.  24. Was disease or injury in any way related to occupation of deceased?  If so, specify.  (Specify city or town, county and State).  Menner of Injury.  Nature of injury.  24. Was disease or injury in any way related to occupation of deceased?  If so, specify.  (Signed).  M. M	15. MAIDEN NAME Glattech	
(Specify city or town, county and State)  17. INFORMAND (Specify city or town, county and State)  Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Date  Date  Place  Value  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Specify city or town, county and State)  Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.  Menner of Injury  Nature of injury  24. Was disease or injury In any way related to occupation of deceased?  If so, specify  (Specify city or town, county and State)  Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Menner of Injury  19. UNDERTAKER  (Signed)  (Signed)  (Specify city or town, county and State)	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Place  Place  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Signed)  (Signed)  (Signed)  Menner of Injury  Nature of injury  (Signed)  (Signed)  Menner of Injury  (Signed)  (Signed)  Menner of Injury  (Signed)  (Signed)	(State or country)	Where did injury occur?
Place Fillus for Date of 1/8, 1995 Nature of injury  19. UNDERTAKER Some feet for the fill of the control of th		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Bleed : Word If so, specify 20. FILED Select 1719 95 / E. Richardson (Signed) Whillend Stilling M. I	There will be to the action	
20. FILED Belot 17,1995 / E Richardran (Signed) Whillen a Bleeling M.		
	20. FILED Sylat 17,1995 / E Rich words	(Signed) Whillen of Studies M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis OCT 4 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MOLL

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEAT	ST	ГА	TE	OF	MARYL	AND-	CERTIF	FICA	TE	OF	DEATI	H
---------------------------------------	----	----	----	----	-------	------	--------	------	----	----	-------	---

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(3	43	4	1
U	J	Ü	0

	1. PLACE OF, DEATH	94-2
	County Hartord	Registration Dist. No. 182
	Village or City Hickory Mo	No. St., Ward
	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
	ATI II WALL D	ds. How long in U.S. if of foreign birth?mosds.
1	2. FULL NAME JO TN THEN YY JOO.	J.e
1	(a) Residence: No. HICKONY (Usual place of abode)	St., Ward.  If nonresident give city or town and State
/	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	Maje White OR DIVORCED (write tha word)	(Month) (Day) (Year)
	5a. If married, widowed, or divorcad HUSBAND of	V V
	(or) WIFE of Virgia H Poole	22. SHEREBY CERTIFY. That I attended decased from
	6. DATE OF BIRTH (month, day, and year) APVIS2-1871	I last sawn alive on Pt 28 1934 death is said
	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
	64 5 19 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
	8 Trade profession or particular	Coronary Thrombosis Stod open
5	kind of work dona, as SPINNER, Ex 91Nesv	1935
	9 Industry or business in which work was done, as SILK MILL,	0
	Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last workad at this occupation (month and	
	this occupation (month and spent in this occupation	
	12. BIRTHPLACE (city or town) Hartord Co	Other Contributory Couses of importance:
	(State or country)	
	# 13. NAME / hox as Toose	
3	13. NAME / hox\as Joose 14. BIRTHPLACE (city or town)	Name of operation Date of
2	(State of country)	What test confirmed diagnosis? Was there an autopsy?
	15. MAIDEN NAME TEA BUSS Wright.  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
	16. BIRTHPLACE (city or town) Daste.	Accident, suicide, or homicide? Date of Injury, 19
1	(State or country)	Whera did injury occur? (Specify city or town, county and State)
	17. INFORMANT JUS VIRGIR 17003 C (Address) RelAir Nd	Specify whether injury occurred in INDÚSTRY, In HOME, or in PÚBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Divini National Place De P. 1. 43, 1935	Natura of injury
7	19. UNDERTAKER Dean & Forter	24. Was disaasa or injury in any way related to occupation of deceased?
1	(Address) Belan ma	If so, spacify
1	20. FILED Sept 23, 19.35 argue Chambers Registrat.	(Signed) M. D. (Address) M. D.
1	u Registrar.	(unitess)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Exam	iple I	il	Example 11	
The principal cause of death of importance were as follows  Arteriosclerosis	and-related causes	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	24 4 73005	11921	Run over by street car	1 week ago
Cerebral hemorrhage	001 -	July 5,1927	Peritonitis	3 days ago
\$35	URBAU V. S.			
Other contributory causes of	importance:		Other contributory causes of importance:	Mary 1
Gallstones		May 1,1923	Gastroenteritis	1 year

N. B.

1. PLAC	E OF DEATH					
County	Horford			Registration Dist. No. 18	0	
	or City Edgewo	rd death occurred	(II	No. St.,  f death occurred in a hospital or institution, give its NAME instead of street and it.  ds. How long in U.S. if of foreign birth? yrs. m	Ward	
2. FULL		Pario		January 13	vsus.	
	esidence: No.	1744		04		
(a) Ne	stuence. No.	(Usual place	of abode)	St., Ward.  If nonresident give city or town and	State	
PER	SONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX	4. COLOR OR RACE	5. SINGLE, MARI OR DIVORCED	RIED, WIDOWED, ) (write the word)	21. DATE OF DEATH  Sept. 22  (Month) (Day)	, 193 <b>5</b>	
5a. If married, HUSBANI (or) WIFE	widowed, or divorced of			22. I HEREBY CERTIFY, That I attended	deceased from	
(or) wire	. 01	20		, 19, to		
6. DATE OF B	IRTH (month, day, and year)	dent. 2	12,1935	I last saw h alive on, 19,	; death is said	
7. AGE	Years Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
NOTE SA 9. Industr	profession, or particular Id of work done, as SPINNER, WYER, BOOKKEEPER, etc ry or businass in which rk was done, as SILK MILL, W MILL, BANK, etc			Fullterm baby-born macerated -		
- 1	w MILL, BANK, etc leceased last worked at s occupation (month and ar)		me (yeers) t in this pation			
	CE (city or town) Edges	vood.	md.	Other Contributory Causes of importance:		
13. NAME	Marion &	, Ori	ie			
	PLACE (city or town) Edg	ewood,	md.	Name of oparation Date of What test confirmed diagnosis? Was there an a		
15. MAIDE	N NAME Gertru	de Pas	e Ritter	23. If death wes dua to external causes (VIOLENCE) fill in also the following		
	PLACE (city or town) Ball ata or country)	timore	md.	Accident, suicide, or homicide? Date of injury  Where did injury occur?(Specify city or town, county and State	, 19	
17. INFORMAN (Addres	n /-	a med		Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		
18. BURIAL, CR	EMATION, OR REMOVAL	Date S of	23,1916	Manner of Injury		
19. UNDERTAK (Addres		lon n	a a	24. Was disease or injury In any way related to occupation of deceased?		
20. FILED S	yst 22, 1935 FA	red Mou	lok 2 Registrar.	(Signed) Fed O Horous  (Address) Eddword mel,	M. D.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	Dampies
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related cause of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis Q3A333	3 days ago
		- Baselin refer "representation development reference returns to the second reference returns to the second re	a, contra a G
Other contributory causes of importance:  Gallstones	1.1000	Other contributory causes of importance:	
Guisiones	May 1,1923	Gastroenteritis	1 year

S. No. 1

item

That I attended daceased

Date of onset

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.
In stating the occupation, avoid the use of such indefinite terms as amployee," "worker," "operative," etc.
In stating the industry or business, avoid the use of such general terms."

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "labore" with a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact ecupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	M. 7.6	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	W.	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 Ë

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20. FILED Sept - 22, 1935 Char

	92-0
County Harford	Registration Dist. No. 185
<i>A A</i>	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME May R. Ridge  (a) Residence: No. (Usual place of abode)	St, Ward.  Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE Female Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH  (Month)  (Day)  (Yaar)
5a. II-married, widowed, or-divorced HUSBAND UT (or) WIFE of James Prodge ley	22. 1 HEREBY CERTIFY, That 1 attended deceased from 185 yo Sept 20, 1935
6. DATE OF BIRTH (month, day, and year) Suft 10 - 1858 7. AGE Years Months Days If LESS than	1 last saw h 2 aliva on
77 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Wente Negresskeler 9-1-35
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc	J
10. Date dacased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Neda Parling)	Other Contributory Causes of Importance:
(State or country) Harford Cs. Mill  2 13. NAME Charles Landt	Worke thuffrency 6-193.
14. BIRTHPLACE (city or town) No Warlington (State or country) Haufund Je ma	Nama of operation
1	Whet test confirmed diagnosis? Was there an autopsy?  23, If daeth was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME UNKELOWN  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Omna Harring (Addrass) Harre de Frace mo	Whera did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	Manner of Injury
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis OCT 5 1905	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N

-WRITEPPD

V. S. No. 1 N. B.

STATE	OF	MARYI	AND-	CERTIFI	CATE	OF	DEATI
SIAIL	OF	MALLIF	UNIA.	CLIVIII	CAIL		DEAL

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4	1	7	5
V	U	0	1

1. PLACE OF DEATH	46-0			
County Harford	Registration Dist. No. 184			
Village or City Office ords	NoSt., Ward			
Length of residence in city or town where death occurred	(If death occurred in a hospital or institution, give its NAME instead of street and number)			
Length of residence in city or town where death occurred / yrs	nosds. How long in U.S. if of foreign birth?yrsmosds.			
2. FULL NAME // farthal				
(a) Residence: No.	St., Ward.			
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State			
	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Oay) (Year)			
5a. If married, widowed, or divorced HUSBAND of				
(or) WIFE of Daniel C Ross	22. I HEREBY CERTIFY, That I attended daceased from  May lot , 1935, to Sept. 3, , 1935			
4.01.1842				
6. DATE OF BIRTH (month, day, and year)	1000			
12 1 20 1 day,h	TO MATE OFFICE ON THE GOLD STATES OF			
9 Trade profession or particular	wara as follows:			
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Carenosma of laser			
SAW MILL, BANK, atc  10. Data dacaased last worked at this occupation (month and street or the street or this occupation (month and street or the st				
9. Industry or businass in which work was dona, as SILK MILL, Hank, atc				
10. Data dacaased last worked at this occupation (month and year) year)				
10 1 1 , 1	Other Contributory Causes of Importance:			
12. BIRTHPLACE (city or town) / Was Russes (Stata or country)				
E PITO. O				
14. BIRTHPLACE (city or town) (Stata or country)	Name of oparation Date of			
	What test confirmed diagnosis? Was there an autopsy? Was there are autopsy?			
16. BIRTHPLACE (city or town) Puloski Coff.	23. If daath was dua to extarnal causes (VIOLENCE) fill in also tha following:			
o 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Oata of injury, 19			
(Stata or country)	Whare did Injury occur? (Specify city or town, county and State)			
17. INFORMANT Sice of Novvislown (Address) / 4/7. Jumper St Novvislown	Specify whether injury occurrad In INOUSTRY, In HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL Place RASSILLA V. O. Date Select 6, 193	Mannar of injury			
Place Laurella U.O., Oate Helpf (4, 195)	Natura of injury			
19. UNDERTAKER Harlank P. Horkens	24. Was diseasa or injury In any way ralated to occupation of decaasad?			
(Addrass) Delta Pa	If so, specify			
20, FILED Delat 5 1935 Al menall	(Signad) M. O.			
Registrar.	(Address) Cardill Mid			

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	Example I	11 11	Example II		
The principal cause of of importance were as		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	T 7 1935	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephri		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	I WISCAU V.	July 5,1927	Peritonitis	3 days ago	
	110000	0			
Other contributory caus	ses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenleritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

1. PLACE OF DEATH		180			
County Maryord	Registration Dist	. No. 10 7			
Village or City & arlington	No	st., Ward			
Length of residence In city or town where deeth occurredyrsm					
2. FULL NAME Hannie Genni	igo smith				
(a) Residence: No.	St., Ward.				
(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERFIFICATE OF DEATH				
PERSONAL AND STATISTICAL PARTICULARS  SEX 4.COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	FDEATH			
Female Mrite Proceed (write the word)	(Month)	(Day) 1935 (Yaar)			
e. If married widowed, or divorted HUSBAND of (or) WIFE of C, Caleman Smith	22. JHEREBY CERTIFY	Thet I ettended deceased from			
DATE OF BIRTH (month, day, end year) Sept. 7.1849	I lest saw harmalive on Safe 77	, 193. 5.; death Is said			
. AGE Years Months Days If LESS than	to have occurred on the date stated above, et & Q:	m,			
86 no 21 1 dey,hrs	The PRINCIPAL CAUSE OF DEATH end related causes of were as follows:	f importance Date of onset			
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.	Porebrial	9/16/			
kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et August 11. Total tima (years) bis occupation (month and	Human	though !			
10. Date deceased last worked et August 11. Total tima (years) this occupation (month and 1924 page 11. Total tima (years) spent in this occupation.	6				
2. BIRTHPLACE (city or town) Camil Co	Other Contributory Causes of importence;				
13. NAME // M. D. Jennings 14. BIRTHPLACE (city or town) Cample Co.		Y 19 /			
14. BIRTHPLACE (city or town) Cample Ca	Nama of oparation	Data of			
(Siete of country)	What test confirmed diegnosis?	Wes there an au!opsy?			
15. MAIDEN NAME//am a Comstand 16. BIRTHPLACE (city or town)	23. If death was dua to external causes (VIOLENCE) fill in	also the following:			
16. BIRTHPLACE (city or town).	Accident, suicide, or homicide? Date	of Injury, 19			
7. INFORMANT Migr Goldie Smith	Where did injury occur? (Specify city or tow Specify whether injury occurred in INDUSTRY, in HOME,	on, county and State), or in PUBLIC PLACE.			
(Address) Landington, 19 4 1	Manage of Jahren				
Place Darlington Cim Date Oct 1, 193	Manner of Injury				
9. UNDERTAKER De Bailey (Address) Darling	24. Was disease or injury In any way related to occupation	n of deceased?			
20. FILED dyt. 30, 1935 M. M. Frisk Registrar.	(Signed) (Address) ACV	Louis M.			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis - ECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage 1 007 7 1935	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL :	SPACE	FOR	<b>FURTHER</b>	<b>STATEMENTS</b>	BY	<b>PHYSICIAN</b>
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MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH	F MARTLAND	CERTIFICATE OF DEATH	
County Harford		Registration Dist. No. 18	1
Village or City Len	d	No. St.	War
Length of rasidence in city or town whare de	ath occurred 80 vrs mo	f death occurred in a hospital or institution, give its NAME instead of street and is.  ds. How long in U.S. if of foreign birth?mm	number)
2. FULL NAME Living	ston Ami	8h	-
(a) Residence: No.		St., Ward.	
	(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	
Male Africe	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (North) (Day)	, 193\(\sqrt{Yeer}\)
5a. If married, widowed, or divorced HUSBAND of	00	22. /I HEREBY CERTIFY, Thet I attanded	deceased fro
(a) WIFE OF Carrie	omich	Sept-15, 19,3.4, 10 Sept 2	19.3
6. DATE OF BIRTH (month, day, and year)	1.7,1854	I last saw him alive on Sefet 1 , 19 30	_; daath is sa
7. AGE Years Months	Days If LESS than 1 dey, hrs.	to have occurred on the date stated above, at 230P1-m.	
80 10	or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence wera es follows:	Date of ons
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc.	armer	Of	-
9. Industry or business in which		Morgania	-
work was done, as SILK MILL, SAW MILL, BANK, atc.	XI		
10: Date deceased last worked at this occupation (month and 193)	11. Total tima (yeers) spent in this occupation		
Ada	Land Cr.	Dthar Contributory Causes of importance:	
12. BIRTIIPLACE (city or town) (Stata or country)	omd	- Jakou	
I 13. NAME Natraiel	Smith		
14. BIRTHPLACE (city or town)	rford Co.	Name of operation Date of	
(otate of country)	md.	What test confirmed diagnosis? Was there an a	autopsy?
15. MAIDEN NAME Lydia	Halloway	23. If death wes due to external causes (VIOLENCE) fill in also the following	g:
O 16. BIRTHPLACE (city or town)	ford Co.	Accident, suicide, or homicida? Date of injury	, 19
(State or country)	ma	Where did injury occur? (Specify city or town, county and State	te)
17. INFORMANT Charles (Address) 69 artuma	formand.	Spacify whather Injury occurred in INDÚSTRY, in HDME, or in PÚBLIC PL	ACE.
18. BURIAL, CREMATION OR REMOVAL	01111	Manner of injury	
Place Rock Run Cem	Date 044 7, 1936	Nature of injury	
19. UNDERTAKER HE	Bailey	24. Was disaase or injury in any way related to occupation of deceased?	10
(Address) Darlingte	mod,	If so, specify 9	1/
20, FILED Selt 4 1930 /3e	relia B. Mush	(Signed)	O M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		1	Example II	100
The principal cause of death and related causes of importance were as follows:	Date of o	onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis 5 1035	192	1	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,	1927	Peritonitis	3 days ago
HIREAU V. S				
Other contributory causes of importance:			Other contributory causes of importance:	
Gallstones	May 1,	1923	Gastroenteritis	1 year

Registrar.

OCCUPA

1. PLACE OF DEAT

County

STATE OF MARYLAND-CERTIFICATE OF DEATH

9	9	5	6
,			

Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? vrs. mos. ds. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH ERTIFY. That I attended deceased from The PRINCHMAL CAUSE OF DEATH and related causes of importance Date of onse What test confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_\_ 23. If death was due to external causes (VIDL ENCE) fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_\_ Date of injury \_\_\_\_\_\_ 19\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 24. Was diseasa or injury In any way related to occupation of deceased? If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. ...

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1035	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5,1927	Peritonitis	3 days ago
	100		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH

BINDING

RESERVED

ARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	BOS BANK	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis ACT 5 1635	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage SURPALLY. S	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	The standards	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH			
1. PLACE OF DEATH				
County Harford Ev-	Registration Dist. No. / 8 2			
Village or City Meal Bel Con Md	NoSt.,Ward			
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?			
2. FULL NAME Baby Streett	If U.S. Veteran specify WAR.			
(a) Residence: No. Mean Bellan Mid				
(Usual place of abode)	St., Ward.  If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE OR DIVORCED (waste the word)	21. DATE OF DEATH (Month) (Day) (Year)			
5a. If married, widowed, or divorced HUSBAND of				
(or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from			
6. DATE OF BIRTH (month, day, and year) Sest 15-1935	I last saw h alive on, 19; death is said			
7. AGE Years   Months Days   If LESS than	to have occurred on the date stated above, atm.			
1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:			
8. Trede, profession, or particular kind of work done, as SPINNER.	Datavione			
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	Stell- Com (8 month)			
work was dona, as SILK MILL, SAW MILL, BANK, etc.				
10. Date deceased last worked at this occupation (month and year)				
12. BIRTHPLACE (city or town) Year Bel Cin	Other Coutributory Causes of importance:			
(State or country) Herford Co Mad				
13. NAME Richard H. Streett	,			
13. NAME Richard H. Streett  14. BIRTHPLACE (city or town) Ggoffen	Name of operation Data of			
(State of country)	What test confirmed diagnosis? Was there an aulopsy? LO.			
15. MAIDEN NAME Ruby B. Thomas  16. BIRTHPLACE (city or town) Rean Trey Jane	23. If death was due to extarnal causes (VIOLENCE) fill in also the following:			
O 16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?, 19,			
(State of country)	Where did injury occur? (Specify city or town, county and State)			
17. INFORMANT (Address) Belan ma	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury			
Place Mil 31 cm Date Deft 16, 1935	Nature of injury			
19. UNDERTAKER Diany Josla	24. Was disease or injury in any way related to occupation of deceased?			
(Address) Belan mg	If so, specify			
20. FILE Sept 16, 1995 hE Kichardson	(Signed) Willard & Hubban M.D.			
Registrar.	(Address) frest All ma			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	state	STATE OF MARYLAND—	CERTIFICATE OF DEATH
(H)		1. PLACE OF DEATH	9989
IAI	ould occ	County Harford	Registration Dist. No.
0	sh of	Village or City Long Bus, allington (16	ND. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	Every CIANS ement	Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. If of foreign birth?yrsmosds.
P	3D. Every FSICIANS statement	2. FULL NAME Joyce Elizabeth Tilles	
	Staff	(a) Residence: No.	St., Ward. **
1	PHT lect si	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
	Exa	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
D	T L ied.	5a. If married, widowed, or divorced	(Month) (Day) (Year)
DII	RMANEN X A C T I classified.	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
BIND		6. DATE OF BIRTH (month, day, and year) ruly 22 1935	1   1   1   1   1   1   1   1   1   1
	A	6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	to heve occurred on the dete stated above, et 2 Pm.
OR	IS A I stated properlica	1 27   1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
-	S IS sta	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Infantile marasmus stroppy Pute of one of
VED	10		Thrush Pept 4
	VK—7 should if may n back		Francis Production Cap. 14.
RESER	Sh it is	ID. Date deceased last worked et this occupation (month and spent in this	Jamahre - Unknown etistrary)
RE		year) occupation	Other Contributory Canses of importence:
	ADIN d. A s, se t ructio	tz. BIRTHPLACE (city or town) Aben John	Color Continuo, Conscion of Importance.
MARGIN	NFADING pplied. AGE erms, so tha instructions	(State or country) / Sorgered	
AF		14. BIRTHPLACE (city or town)	
Z		[Stete or country]	Whet test confirmed diagnosis?  Was there an autopsy? No
	WYTH efully in plai	15. MAIDEN NAME Stella (Meadus	23. If death wes due to external causes (VIOLENCE) fill in also the following:
	. 14	15. MAIDEN NAME Talla Meadus  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Dete of Injury, 19
	NLY, be ca cath mport	State or country)	Where did injury occur? (Specify city or town, county and State)
	PL duld b or DE, very in	17. INFORMANT Presson deller (Address) Record golon Md	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	E W CO	18. BURIAL, CREMATION, OR REMOVAL TOMA . Po A	Menner of Injury
WRITH Mation NAUNE	Place Date Date On 1933	Nature of Injury	
-	-WRI mation CAUS TION	19. UNDERTAKER J. C. Ulfrery'	24. Was disease or injury in any way related to occupation of deceased?
No.	B P	(Address) Justing Sten Md.	If so, specify
>. 20	z	20. FILED Sept 18, 19 35 tred Morloke	(Signed) M. D.  (Address) Slaword ma
		Jotal Registrat.	(violiess)

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street com 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance Gallstones May 1,1923 Gastroenteritis 1 year

	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT KENORD. Every item of infor-	mation stoud be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state.	CAUSTON DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPAE	/
5	ENT KELORD. E	LY. PHYSICI	d. Exact states	
FOR BINDIN	IS A PERMANE	stated EXACT	properly classifie	ertificate.
RESERVED	NG INK-THIS	AGE should be	that it may be	ons on back of c
MARGIN RESERVED FOR BINDING	WITH UNFADIN	fully supplied.	n plain terms, so	nt. See instructi
	VRIME PLAMITY,	ation should be care	AUSE OF DEATH !	TION is very important. See instructions on back of certificate.
	1	E	C	E

N. B.-WRI V. S. No. 1

STATE	OF	MARYL	AND-	-CERTIF	ICATE	OF	DEATH

0	63	6 h	1 5
13	13	34	5-1
V	9	V	1

STATE O	F MARYLAND-	CERTIFICATE OF DEATH	9990
1. PLACE OF DEATH	,	(210-m)	
County Narfae	do	Registration Dist. No.	185
Village or City Hafre	de Grace	No. Naspetal St.	,Ward
Length of residanca in city or town where de		f death occurred in a horpital of institution, give its NAME instead of street sds. How long of U.S. if of foreign birth?yrs	and number)
2. FULL NAME Harm	au Va	Mliss x and	
(a) Residence: No. Trust	eibal Filmana	1000 M Dward Puterde	
(a) Residence. No.	(Usual place of abode)	If nonresident give city or town	and State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEAT	Н
3. SEX 4. COLOR OR RACE W_	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Sept. 2nd (Month) (Oav)	, 193
a. If married, widowad, or divorcad HUSBANO of	4 0 d		(Year)
(or) WIFE of Margane	I Tombrason	22. I HEREBY CERTIFY, That I attan	
DATE OF DIRTH (month day and man)	211 11 1807	I last saw h aliva on 19	
. AGE Yaars Months	Oays If LESS than	to have occurred on the date stated above, at 3. 5.0 P.m.	; death Is said
48 7(/	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trada, profession, or particular		Broken Leg wich had to be	g pap ol opsog
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Laborer	- cut off and Gen. Septica-	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc		emia.	
SAW MILL, BANK, etc	11. Total tima (yaars)		
this occupation (month and year)	spent In this		
		Other Contributory Causes of Importance:	75
2. BIRTHPLACE (city or town) (Stata or country)			
13. NAME Samuel	Tombuson		
13. NAME Saucel 14. BIRTHPLACE (city or town)		Name of operation	of
(State of Country)	las	What tast confirmed diagnosis? Was thara	
15. MAIDEN NAME Mary 7	n. Broadbeut	23. If death was dua to axtarnal causes (VIOLENCE) fill in also the follo	
15. MAIOEN NAME Than 16. BIRTHPLACE (city or town)		Accident, suicida, or homicide? Accidentoata of injury8/	
(State or country)	Del	Whera did injury occur? Perryville Cecil A	Id .
7. INFORMANT Ellywood 7	4. Tomlingon	Specify city or town, county and Specify whethar injury occurred in INOUSTRY, in HOME, or In PUBLIC	State
(Address) Trevose	Per.	Public Place	
8. BURIAL, CREMATION, OR REMOVAL Place William Denn Ce	n. Oyun. Oata Sept. 6 - , 19.35	Mannar of injury Struck by Automobile Nature of injury	
9. UNDERTAKER G. H. Leedon	n) x day	24. Was disease or injury in any way related to occupation of deceased	no
(Address) Southampt	in Pa	If so, specify A.	
O. FILED Skal 3 1935 Charles	es I Falen mi		ronerxx
7	Registrar.	(Address) Havre de Grace, Md	•

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I			Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cau of importance wer	se of death and related causes re as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy		1 week ago
Chronic interstitial nephritis	1921	Run over by street co	r	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis		3 days ago
			B.V TABAUV. 8.	
Other contributory causes of importance:		Other contributor	y causes of importance:	3
Gallstones	May 1,1923	Gastroenteritis	SEP 30 100E	1 year
			OF A HOLDER	
			O. C.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requiring

BINDING

RESERVED

ARGIN

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	Example 1		Example II	
The principal cause of importance were a	of death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1985	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	ritis UUI	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
	and the second s			
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SI	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.

1. PLACE OF DEATH	
County Harfard	Registration Dist. No. 183
Village or City Uhler cross Road	Ca <sub>ND.</sub> St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred _/ O_yrs,mos.	ds. How long in U.S. if of foreign birth?
2. FULL NAME / MANY C / FULLED	
(a) Residence: No. Physics X Woods (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Temple white OR DIVORCED (write the word)	Sept 13 , 1935
5a. If married, widowed, or divorcad	(Month) (Day) (Year)
HUSBAND of Jacas & Watson	22. I HEREBY CERTIFY, Thet I ettended daceased from
1 2 50	auf 5 1935, to Sept 15 1935
6. DATE OF BIRTH (month, day, and year)	I last saw h
7. AGE Yaars Month's Days If LESS than 1 day,	to have occurred on the date stated above, at
ormin.	were as follows: Deta of onset
8. Trede, profession, or particular kind of work dona, as SPINNER,	Cha Indition
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and	CWL. O'CON VALLES
work was done, es SILK MILL, SAW MILL, BANK, etc.	rephilis
10. Date deceased last worked et this occupation (month and spent in this	- Lago
year) occupation	Other Coutribatory Causes of importanca:
12. BIRTHPLACE (city or town) Walting a Lowery	
(State or country) Huth carolina	probable magricory
13. NAME scroed troffet	of Stomock
13. NAME SCIVIC Profet  14. BIRTHPLACE (city or town)	Neme of operation Dete of
(State or country)	Whet tast confirmed diagnosis?
15. MAIDEN NAME malinda Raggins  16. BIRTHPLACE (city or town)  (State or country)	23. If daath was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Data of injury, 19
(State or country) Houth Carolina	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Johnan Z Watson	Specify whather injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address)	
18. BURIAL, CREMATION, OR REMOVAL Place deflere & Roads Bothest Seft 17 1935	Manner of Injury
0011 - 4 9 1 6	Nature of Injury
19. UNDERTAKER	24. Was disease or Injury in any way related to occupation of daceased?
(Address) fortallavilland	If so, specify
20. FILED UP 17, 1935 This 17 Journ	(Signad) Called W. D. M. D.
Registrar,	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Lixample 1	. 11	Example II		
The principal cause of death and related causes of importance were as follows:	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car 9891 & 100	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:	1	
			1 year	

Exact statement of OCCUPA-

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

N. B.—WRITE PIL

2. FULL NAME  (a) Residence: No.  (Usual place of abodc)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED (write the word)  5a. If metried, widowed, or divorced  (Day)  (Day)  (Day)  (Control of the word)	1. PLACE OF DEATH	CERTIFICATE OF DEATH
Willage or City	County Harrows	Projection Diet No. /84
Length of residence in city or town where death occurred.  2. FULL NAME  (a) Residence: No.  (b) Residence: No.  (c) Residence: No.  (d) Residence		
2. FULL NAME  (a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  (a) COLOR OR RACE  (B) DEVOCATE (WINTER) WOODWID  (B) DEVOCATE (WINTER) WOODWID  (CI) WIFE OF BIRTH (month, dey, end year)  (CI) WIFE OF BIRTH (month, decasted from year)  (CI) WIFE OF BIRTH (month, dey, end year)  (CI) WI		f death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINCE, MARRIED, WIGOWAY  6. DATE OF BIRTH (month, day, and year)  6. DATE OF BIRTH (month, day, and year)  7. AGE  7. AGE  7. AGE  7. AGE  7. Hodge, rediscission, or particular  8. It is said of work dome, as SPINNER,  SAVER, BOUNKEER, etc.  11. It is the conception (month, day, and year)  12. BIRTHPLACE (city or town)  13. SAW MILL, BAIN, etc.  14. SAW MILL, BAIN, etc.  15. MAJOEN NAME  16. SIRTHPLACE (city or town)  17. INFORMANT  18. SIRTHPLACE (city or town)  18. BURIAL CERNATION, OR REMOVED  19. SIRTHPLACE (city or town)  17. INFORMANT  18. BURIAL CERNATION, OR REMOVED  18. BURIAL CERNATION, OR REMOVED  19. SAW SIRTHPLACE (city or town)  17. INFORMANT  18. BURIAL CERNATION, OR REMOVED  19. SURVEY  19. UNOERTAKER  19. MARRIED  19. MARRIED  19. MARRIED  19. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  19. Manner of injury  19. UNOERTAKER  19. UNOERTAKER  19. UNOERTAKER  19. MEDICAL CERTIFICATE OF DEATH  19. MEDICAL CERTIFICATE  19. MED	Length of residence In city or town where death occurred. 4 Dyrs	ds. How long in U.S. if of foreign birth?yrsmosds.
Climal place of a bode    PERSONAL AND STATISTICAL PARTICULARS   MEDICAL CERTIFICATE OF DEATH   3. SEX   4. COLOR OR RACE   S. SINGLE, MARRIED, WIOOWED, Only (Crist)   Subject of the control of the c	2. FULL NAME William M. W.	illians
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE S. SINGLE, MARRIED, WOODED, Owner, the word) Sa. If merried, widowag, or divorced will SAND of Converted the SAND		St.,Ward.
3. SEX 4. COLOR OR RACE ON DIVIDION OF THE ON ON THE OF THE OWN OWN OF THE OWN OF THE OWN OF THE OWN OF THE OWN		
22. I HEREBY CERTIFY, Thet I ettanded dacesed from HUSBAND of Months (Day) (Cast)  4. DATE OF BIRTH (month, dey, end yeer)  5. DATE OF BIRTH (month, dey, end yeer)  6. DATE OF BIRTH (month, dey, end yeer)  7. AGE  7. AGE  8. Trade, profession, or particular blooms or min.  8. Trade, profession, or particular blooms of min.  9. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as joliows.  9. The PRINCIPAL CAUSE OF DEATH and releted causes of importance blooms of min.  9. The PRINCIPAL CAUSE OF DEATH and releted causes of importance blooms of min.  9. The PRINCIPAL CAUSE OF DEATH and releted causes of importance blooms of min.  9. The PRINCIPAL CAUSE OF DEATH and releted causes of importance blooms of min.  9. The PRINCIPAL CAUSE OF DEATH and releted causes of importance blooms of min.  9. The PRINCIPAL CAUSE OF DEATH and releted causes of importance blooms of min.  9. The PRINCIPAL CAUSE OF DEATH and releted causes of importance blooms of min.  9. The PRINCIPAL CAUSE OF DEATH and releted causes of importance blooms of min.  9		
HUSSAND of (or) WIFE OF BIRTH (month, dey, end yeer)  5. DATE OF BIRTH (month, dey, end yeer)  7. AGE  Yeers  Months  Days  If LESS than I dey. hrs. or min.  8. Trade, profession, or particular with the profession of the deta steled above, at Z	M White OR DIVORCED (write the word)	Stept 10 1935-
6. DATE OF BIRTH (month, dey, end yeer)  7. AGE  Yeers  Months  Boys  If LESS than 1 dey, hrs. or. min.  The PRINCIPAL CAUSE OF DEATH and releted eauses of importance were as follows:  Now Was done, as S. SPINNER.  SAVER, BOOKEEPER etc.  SAVER, BOOKEEPER etc.  11. Itel time (years) spent in this occupation (month, and yeer)  Other Contributery Causes of importance:  12. BIRTHPLACE (city or town) (State or country)  Manual Saver of the saver of operation.  Name of oparation.  Name o	HUSBANO of Maria Willemans	22.   I HEREBY CERTIFY That I ettanded daceased from
No Reference to the contributory Causes of importance were as follows:  No Reference to the period of work done as SPINNER, SAW MILL, BANK, etc.  Solid of work done as SPINNER, SAW MILL, BANK, etc.  Solid was done as SPINNER, SAW MILL, BANK, etc.  10. Other decessed last worked at this occupation (month apply 1809)  11. Stell time (years) sport in this occupation (month apply 1809)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  What test confirmed diagnosis?  Wes there are eulopsy?  15. MAJOEN NAME  16. BIRTHPLACE (city or town)  (State or country)  What test confirmed diagnosis?  Wes there are eulopsy?  Neme of oparation.  Dete of.  Wes there are eulopsy?  23. If deeth was due to external ceuses (VIOLENCE) fill in else the following:  Accident, suicide, or homicide?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  19. UNORTAKER  (Address)  20. FILED. Address)  20. FILED. Address  10. Date desired and state above a stream of election and stream of the properties of the period	6. DATE OF BIRTH (month, dey, end yeer) Dec 2 1871	
A Trade, profession, or particular skind of work doma as SPINNER, SAWER, BOOKKERPR, etc.  3-Industry or business in which was as a state of the stat	The state of the s	
Trade, profession, or particular and of work done, as SPINNER, SANYER, BOOKKEPER, etc.  11 dol work done, as SPINNER, SANYER, BOOKKEPER, etc.  12 later deceased last worked at the work was done, as SILK MILL.  13 het lime (years) spent in this year)  14 later occupation (month apid 1835)  15 MAIOEN NAME  16 BIRTHPLACE (city or town)  (State or country)  What lest confirmed diagnosis?  Wes thera en eulopsy?  23 If deeth was due to external ceuses (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?  17 INFORMANT  (Sata or country)  Where did injury occur?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  19 UNOERTAKER  (Address)  19 UNOERTAKER  (Address)  20 FILED Alat 12, 19 3 5 A. J. Me Radio.  Registrar.  (Signed)  (Address)  M. D.  (Address)  M. D.  (Signed)  (Address)  M. D.  (Address)		
Other Contributory Causes of importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (Stete or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (Stata or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED  20. FILED  20. FILED  20. FILED  20. FILED  20. Compation  Occupation  Occupation  Occupation  Occupation  Occupation  Occupation  Occupation  Occupation  Occupation  Operation  Neme of oparation  Neme of oparation  Operation  Operation  Neme of oparation  Operation  Operation  Operation  Operation  Neme of oparation  Operation  Operation  Operation  Operation  Neme of oparation  Operation  Operat	8 Trade, profession, or particular kind of work dona es SPINNER	
Other Centributory Causes of importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (Stete or country)  What test confirmed diagnosis?  West there are eulopsy?  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)  What test confirmed diagnosis?  Accident, suicide, or homicide?  Date of injury Where did injury occurr?  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Manner of injury Neture of injury  Neture of injury Neture of injury Neture of injury  19. UNDERTAKER (Address)  20. FILED.  ACCIDENT A	SAWYER, BOOKKEEPER, etc.	and mente
Other Centributory Causes of importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (Stete or country)  What test confirmed diagnosis?  West there are eulopsy?  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)  What test confirmed diagnosis?  Accident, suicide, or homicide?  Date of injury Where did injury occurr?  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Manner of injury Neture of injury  Neture of injury Neture of injury Neture of injury  19. UNDERTAKER (Address)  20. FILED.  ACCIDENT A	work was done, es SILK MILL,	acute myocoaditie. Duration: one month
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (Stete or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (Stata or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAY Place  Oate  19. UNOERTAKER (Address)  20. FILED. Selective or town) (State or country)  Other Centributery Causes of importance:  Other Centributery Causes of importance o	10. Date decessed last worked at this occupation (month and yeer)  11. Itel time (years) spent in this spent in this occupation	lw38,
13. NAME  14. BIRTHPLACE (city or town) (Stete or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (Stata or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAY Placa  19. UNOERTAKER (Address)  20. FILED  21. FILED  21. FILED  22. FILED  23. FILED  24. Wes disease or injury in eny wey related to occupation of deceased? (Address)  Meme of oparation.  Neme of oparation.  New thera en eulopsy?  23. If deeth was due to external ceuses (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?  Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Name of injury  Neture of injury.  24. Wes disease or injury in eny wey related to occupation of deceased?  If so, specify  (Signed)  (Address)  M. D  (Address)  M. D	12. BIRTHPLACE (city or town) Harford C.	Other Contributory Causes of importance:
What test confirmed diagnosis? Wes there en eulopsy?  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (Stata or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, Off REMOVAL Place (Address)  19. UNOERTAKER (Address)  20. FILED Self (2, 19 3.5 ) 1. 1 Me Rabb (Signed) (Signed) (Address)  What test confirmed diagnosis? Wes there en eulopsy?  22. If deeth was due to external ceuses (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide? Data of injury (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  What test confirmed diagnosis? Wes there en eulopsy?  Accident, suicide, or homicide? Data of injury (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Wanner of injury (Address)  24. Wes disease or injury in eny wey related to occupation of deceased? If so, specify (Signed) (Signed) (Signed) (M. D. Registrar.)		
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15. MAIOEN NAME   15. MAIOEN NAME   16. BIRTHPLACE (city or town)   16. BIRTHPLACE (city or town)   17. INFORMANT   (Stata or country)   17. INFORMANT   (Address)   18. BURIAL, CREMATION, OR REMOVAL   Place   19. UNOERTAKER   (Address)   19. UNOE	14. BIRTHPLACE (city or town)	
Accident, suicide, or homicide? Data of injury		
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, Off REMOVAL  Place  Oate  Oa	E Mary Levers	
17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Placa  Oate	O 16. BIRTHPLACE (city or town)  State or country)	
17. INFORMANT (Address)  18. BURIAL, CREMATION, Of REMOVAL Placa  Oate	1 C gar II	(Specify city or town county and State)
18. BURIAL, CREMATION, OR REMOVAL  Placa Status Oate Status Neture of injury  19. UNOERTAKER Harbert Parkers  (Address)  24. Wes disease or injury in eny wey related to occupation of deceased? If so, specify  (Signed)  (Signed)  (Address)  (Address)  (Address)  (Address)		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Placa Status Oate Status 1999 Neture of injury  19. UNOERTAKER (Address)  24. Wes disease or injury in eny wey related to occupation of deceased? It so, specify  20. FILED Status A. J. M. P. Rabb (Signed)  Registrar. (Address)		Manner of injury
19. UNDERTAKER (Address)  24. Wes disease or injury in eny wey related to occupation of deceased? It so, specify  20. FILED DEAT 12-, 19.3.5 It. In M. D. Registrar.  (Address)  (Address)  (Address)  (Address)  (Address)	Placa Stateville Oate Slept 13,1995	
20. FILED Dept 12, 1935 H. J. Me Rabb (Signed) A to House M. D. Registrar. (Address) learned M. D.		24. Wes disease or injury in any way related to occupation of deceased?
Registrar. (Address) - Cardiff Mid		V = 2/1 1/7
	Registrar.	(Address) landiff md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- · 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

  11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage V S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	19-12-50-0		

S. No. 1

state infor-

of

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No

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0.1				(MARCO AND DAY)	
Other contributory causes of importance:		Other contributory cau			
Gallstones	May 1,1923	Gastroenteritis		1 year	

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1. PLACE OF DEATH	OF MAR	YLAND-	CERTIFICATE OF DEATH	9995
	ude 1		Registration Dist. No. 185	
Village or City Hadre	, de Le	ace (1	No. Hasbetal St., f death occurred in a hospital or institution, give its NAME instead of street and n	Ward
2. FULL NAME Translation (a) Residence: No.	cis Mai	t Wy		ad.
PERSONAL AND STAT	STICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Ferrale white	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Sept. 11th (Month) (Day)	, 193 5 (Year)
5a. If married, widowed, or divorced HUSBAND of			22. I HEREBY CERTIFY. That I attanded	
(or) WIFE of	44			
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	-7	If LESS than 1 dey,hrs.	to have occurred on the data stated above, atm.  Tha PRINCIPAL CAUSE OF DEATH and related caysas of Importance	; death is said
8. Trade, profassion, or particular		ormin.	were as follows:	Date of one et
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Mar		FractureddSkull,	9/11/3
9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc	attes	wol	Hit by an Automobile driven by	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	l sbst	ma (yaars) nt in this	Norris Clark	
12. BIRTHPLACE (city or town) (State or country)	arth Ear	land.	Other Contributory Canses of importance:	
13. NAME Pulsa  14. BIRTHPLACE (city or town)	rde Ul	pe		
14. BIRTHPLACE (city or town) (State or country)	rell Earl	P	Name of operation Date of	
1	garie	uns	What test confirmed diagnosis? Was there an a	
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Penn.	J.	23. If deeth was dua to external causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide? Accident Date of injury 9/1  Where did injury occur? Perryville Md.	1, 19.35
17. INFORMANT Ufford S. (Address) Perry ore	ofre		(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA Public Place	CE.
18. BURIAL, CREMATION, OR RESTORAL PLOK LOTTE STATE TO	nd Date Sofi	f14,19-35	Manner of injury Struck by an Automobile Nature of injury Fractured Skull	>
19. UNDERTAKED COMPACTOR (Address) Compactor	Tallers	ou,	If so, specify 4	no
20. FILED Spt. 13 , 155 6.	Kerles J &	Alley The D	(Signed Ames C. Jancher Coron (Address) Havre de Grace, Md.	er M.D.
If n	nore blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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